



# State of New Hampshire 2016 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 04/22/2016  
Business ID: 232592  
William M. Gardner  
Secretary of State

Arddy Realty, L.L.C.  
520 E Industrial Pk Dr  
Manchester, NH 03109

ENTITY TYPE:	LLC
BUSINESS ID:	232592
STATE OF DOMICILE:	NEW HAMPSHIRE
OWNERSHIP OPERATION LEASING & DEV OF REAL ESTATE	

1	ADDRESS OF PRINCIPAL OFFICE: 520 E INDUSTRIAL PK DR MANCHESTER, NH 03109
	REGISTERED AGENT AND OFFICE: LOUIS M ARCIDY 520 EAST INDUSTRIAL PARK DR MANCHESTER, NH 03109

2	If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information. <input type="checkbox"/> The new mailing address _____ <input type="checkbox"/> The new principal office address _____ PO Box is acceptable.
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MANAGERS	MEMBERS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS
NAME <u>LOUIS M. Arcidy</u>	NAME <u>LOUIS M. Arcidy</u>
STREET <u>520 EAST INDUSTRIAL PARK DRIVE</u>	STREET <u>520 EAST INDUSTRIAL PARK DRIVE</u>
CITY/STATE/ZIP <u>MANCHESTER NH 03109</u>	CITY/STATE/ZIP <u>MANCHESTER NH 03109</u>
NAME <u>MICHAEL J. ARCIDY</u>	NAME <u>MICHAEL J. ARCIDY</u>
STREET <u>520 EAST INDUSTRIAL PARK DRIVE</u>	STREET <u>520 EAST INDUSTRIAL PARK DRIVE</u>
CITY/STATE/ZIP <u>MANCHESTER NH 03109</u>	CITY/STATE/ZIP <u>MANCHESTER NH 03109</u>
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAME _____	NAME _____
STREET _____	STREET _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED	

4	To be signed by the manager, if no manager, must be signed by a member. I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.  Sign here: <u>Louis M. Arcidy</u> MEMBER Please print name and title of signer: <u>LOUIS M. Arcidy</u> 1 MANAGER NAME TITLE
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FEE DUE: \$100.00	E-MAIL ADDRESS (OPTIONAL): <u>PAULS@RCDCOMPONENTS.COM</u>
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State of New Hampshire  
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM  
PUBLIC DOCUMENT  
REQUIRED INFORMATION



T1611755020

IF BECOME A  
DISCLOSURE  
ILL BE REJECTED

RETURN COMPLETED REPORT AND PAYMENT TO:  
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301